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Country programme document

Guinea-Bissau

Summary

The country programme document (CPD) for Guinea-Bissau is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $12,855,000 from regular resources, subject to the availability of funds, and $64,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2015.

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Programme rationale

1. For many years, Guinea-Bissau has been severely affected by recurrent political instability that has exacerbated extreme poverty and jeopardized the rights of children. The majority of the population (69 per cent) lives on less than $2 per day (World Bank, 2010). The population is estimated at 1.5 million (2009 census) and the fertility rate of 5.1 children/women is decreasing, but is still one of the highest in the region. Up to 90 per cent of the national budget is devoted to salary payments, leaving few resources for policymaking, programme implementation, improvement of infrastructure or service delivery at local level. Guinea-Bissau ranked 177th of the 187 countries on the Human Development Index (United Nations Development Programme (UNDP), 2014) and the country is lagging behind in the achievement of the Millennium Development Goals. In April 2012, a coup d'état reduced popular participation in politics and disrupted the policy and planning process, including the preparation of Priority Action Plans in the national Poverty Reduction Strategic Plan (DENARPII 2011-2015). While from 1997 to 2010, external resources had accounted for more than 40 per cent of total public revenues, major donors withdrew their assistance following the coup. In the absence of a democratically elected government, United Nations agencies, including UNICEF, extended their 2008 country programmes until 2015.

2. According to the Multiple Indicator Cluster Survey (MICS),[1] the under-five mortality rate fell from 116/1,000 live births in 2010 to 89/1,000 in 2014. The maternal mortality ratio of 900/100,000 live births is one of the highest in the world and reflects the severe deprivations and harmful practices that threaten the rights of girls and women. Forty-five per cent of births are attended by skilled health professionals. HIV prevalence is among the highest in West Africa at 5.3 per cent (ages 15-49); and the rate among pregnant adolescent girls aged 15-19 is 3.6 per cent (National Institute of Public Health, INASA, 2014). Measles vaccination coverage is currently 64 per cent and coverage of children fully immunized is 40 per cent. Malaria remains a prime cause of death for children under five, although recent data indicate a decrease in incidence from 37 per cent to 15.6 per cent as a result of increase in utilization of long-lasting insecticidal nets (LLINs) from 62 per cent to 79 per cent. Exclusive breastfeeding increased from 38 per cent to 53 per cent and stunting rates decreased from 32 per cent to 27.6 per cent. Open defecation practices have fallen from 21 per cent to 18 per cent. Encouraging results have been seen in early childhood care with increases in early learning (13 per cent) and pre-school attendance (29 per cent). However, the primary school net attendance rate decreased from 67.4 to 62.4 as result of recurrent teachers' strikes caused by non-payment of salaries, along with lack of investment in infrastructure and quality of learning. An estimated 44.2 per cent of children aged 6-11 are out of school and only 25 per cent of schools provide a full cycle of primary education. Primary-school-age children tend to enter the system late and drop out after grades 1 or 4. While the proportion of boys and girls attending primary education is the same, only 73.8 per cent of boys and 71.5 per cent of girls enrolled in the last year of primary continue on to secondary school.

3. Only 56 per cent of HIV-positive pregnant women receive antiretroviral treatment (ART) for prevention of mother-to-child transmission of HIV (PMTCT),

[1] Unless otherwise specified, the data presented are for 2010 and 2014, and are taken from MICS.

and HIV prevalence in adolescent pregnant girls is as high as 3.2 per cent (INASA). Only one in four adult ART sites provide paediatric treatment and care. Paediatric ART coverage is consistently under 8 per cent of those in need. Seventy-five per cent of the population has access to an improved water source (Millennium Development Goal target achieved) but hand-washing with soap is still not a standard practice (11 per cent) and the rate of improved sanitation is still very low (13.1 per cent). The poorest quintile of the population depends on unprotected water sources for half of its consumption needs. Although birth registration is free for children under 7, only 24 per cent of births are registered. An estimated 7 per cent of girls under 15 and 37 per cent (29 per cent in 2010) of those under 18 are married, 60 per cent of them to men at least 10 years older. Up to 50 per cent of girls under 14 in the poorest segment of the population have undergone female genital mutilation/cutting (FGM/C), although only 13 per cent of women believe FGM/C should continue.

4. For the 2008-2015 country programme all programme sections contributed to the introduction of community-based approaches such as child friendly schools (CFS), integrated community case management, community-led total sanitation (CLTS), strengthening networks of people living with HIV and AIDS, contributing to better programme effectiveness, and reducing barriers and bottlenecks impeding full realization of child rights. Joint advocacy and communication interventions reinforced progress in programme sectors, enhanced opportunities to address emergency situations, such as Ebola virus disease (EVD) prevention and preparedness. Given the country's proximity to affected countries, the Government drew up an EVD prevention and response plan and, by the end of May 2015, no cases of EVD had been reported. UNICEF promoted EVD preparedness and prevention, as well as safe sanitation and hygiene practices that can also help to mitigate the impact of endemic cholera outbreaks.

5. In June 2014, legislative and presidential elections returned the country to constitutional rule. The newly elected Government issued the Strategic Operational Plan (SOP) and Vision 2025 as a roadmap for leading the country along the path to unity and prosperity. In 2014, the Republica di Mininus Hoje (RdMH) movement, involving 350 children and youth groups, campaigned to put child rights at the centre of the development agenda. All political candidates signed the manifesto and after elections the President of the Republic, the Speaker of Parliament and the Prime Minister signed a proposal from RdMH for a National Child Rights Agenda that will inform the planned constitutional review. These positive developments have created a window of opportunity for increasing accessibility and equity in the provision of basic services and greater capacity of Government, civil society, communities and families to protect children's rights. UNICEF will seize opportunities to mobilize a broad alliance for child rights and use its comparative advantage in communication for development (C4D) to enhance the life skills and knowledge of children and their families.

6. The 2015 Situation Analysis adopted a life-cycle approach that will enable an increased focus on equity programming for and with adolescents, ensuring that development gains achieved in the first decade of life are sustained in the second decade and that gender differentials in adolescent outcomes are addressed. The experience gained in intersectoral programming will be relevant to the progressive decentralization planned by the Government to ensure convergence of sectoral interventions at local level. To achieve the ambitious targets outlined in SOP-Vision

2025 and the Post-2015 Development Agenda, and to bring vulnerable children and adolescent boys and girls out of poverty and ensure their participation, accelerated and equitable access to high-quality interventions in health, nutrition, HIV and AIDS, water, sanitation and hygiene (WASH), education and protection need to be fast tracked.

7. The United Nations Development Assistance Framework (UNDAF) 2016-2020 calls upon UNICEF to accelerate the progress towards development targets by employing a set of strategies that feature a refocus on equity, gender equality, community empowerment, youth participation and promotion of human rights. The programme will adopt the equity strategy to promote the rights of every child in all regions of the country, in close collaboration with partners. Innovations and lessons learned from downstream work will be used to inform policymaking and implementation of national sector reforms, ensuring that the rights of the most disadvantaged and excluded are properly addressed.

Programme priorities and partnerships

8. The UNICEF country programme is aligned with SOP-Vision 2025, which has six strategic axes: (i) good governance; (ii) human development; (iii) urban development; (iv) infrastructure; (v) industrialization; and (vi) biodiversity. The United Nations system aligned the UNDAF with the key strategic axes through four outcomes: (i) governance/security sector reform; (ii) human development; (iii) economic growth/poverty reduction; (iv) regional integration and disaster risk reduction. The UNICEF country programme is harmonized with UNDAF outcomes and will focus on the human development, governance and disaster risk reduction components to address inequities in child rights and foster gender equality.

9. Programme design, strategies and planned outcomes have been guided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities, the African Charter on the Rights and Welfare of the Child, A Promised Renewed and the Post 2015 Development Agenda. The programme contributes to the UNICEF Strategic Plan and Gender Action Plan 2014-2017.

10. *Child and maternal health and nutrition*: The health component will contribute to improving the quality and resilience of the health system, including at community level, particularly services for mothers and newborns during pregnancy, delivery and the neonatal period, and for boys and girls up to 59 months. Health sector operational plans, national supply chain and Health Information Management Systems will be further strengthened. UNICEF will work with Ministry of Health (MOH) to improve the accessibility and utilization of high-impact interventions with a special focus on maternal and neonatal health. Communicable and vaccine-preventable diseases, including the three main killers of children under five (malaria, acute respiratory infections and diarrhoea) will be prioritized. Regional planning and decentralized monitoring will be supported to ensure timely and reliable data to influence policymaking to reach the most vulnerable children and families. More than 4,000 community health workers will be empowered to strengthen integrated case management at community level and improve essential family practices. Community-based approaches supported by the convergence of relevant programme sections will expand their scope to include birth registration,

infant and young child feeding (IYCF) practices, use of LLINs, improvements in immunization coverage, greater availability and use of improved WASH facilities, and scaled-up PMTCT and paediatric AIDS coverage. Similarly, strategic partnerships will focus on advocacy for a new health policy, including establishing a community subsystem with a focus on improved health sector coordination and decentralization. Technical assistance will be provided to ensure social budgeting for mother and child health.

11. The nutrition component will align with the Scaling up Nutrition (SUN) movement and the Nutrition National Strategic Plan 2015-2019 to contribute to reduction of all forms of undernutrition, morbidity and mortality among under-five children. The strategic focus will be on the 1,000-day window including pregnancy and before a child turns 2, and nutritional care of pregnant and lactating women. As nutrition sector lead, UNICEF will provide advocacy support to the national nutrition service and government actors for adoption of the International Code of Marketing of Breast-milk Substitutes, the law for universal salt iodization and the Multisectoral Platform for Nutrition coordinated by the Prime Minister. The prevention of chronic malnutrition will be an entry point for integrated interventions in health, WASH, education, and HIV and AIDS prevention. Improved IYCF and the promotion of growth development will be integrated in C4D activities. Biannual supplementation and deworming campaigns will be integrated with other key health interventions. The programme will also promote strategies for increasing national and community-based capacity to implement the protocol for the Integrated Management of Acute Malnutrition (IMAM). This includes improvements in community screening and increases in coverage of IMAM treatment centres as part of community-based approaches. The programme will strengthen multisectoral, evidence-based interventions to prevent micronutrient deficiencies and reduce the double burden of undernutrition and obesity among children, adolescents and women.

12. *Children and AIDS*: Within the framework of the National AIDS Programme, UNICEF will support the health services in scaling up interventions along the continuum of HIV prevention, treatment and care, including increasing quality and coverage of PMTCT and paediatric AIDS services by improving clinical practices and facilitating enrolment and retention in ART for children, adolescents and adults. Access to HIV diagnostics will be improved by promoting scale up of early diagnosis of infants born to HIV-positive mothers and introducing provider-initiated testing procedures for children and adolescents in general health care. UNICEF will contribute to a multisectoral approach, promoting nutrition and other HIV-related conditions as entry points for the integration of paediatric AIDS services into regular health care. The aim is to ensure that all children with HIV-related conditions have access to HIV testing and ART. UNICEF will continue to support networks of people living with HIV to counter stigma and discrimination and promote access to and retention in ART. The programme will support gender-sensitive interventions to address the prevention, treatment, care and support needs of adolescents. Special attention will be placed on adolescent girls, establishing or strengthening linkages with other sectors to address the gender determinants of HIV prevalence, and creating an enabling environment to support HIV and AIDS results across the first two decades.

13. *Water, sanitation and hygiene*: To accelerate the elimination of open defecation, CLTS and sanitation marketing will be scaled up to reach half of the

nation's communities. Sustainable and equitable scale up of hand-washing with soap will be further promoted, including support to community-based management of water sources and related supply-chain. To improve the accessibility and consumption of safe drinking water, household water treatment and safe storage will be promoted. National norms, standards and monitoring will be adapted and applied in support of the scaling up of WASH services in communities, schools, and health and nutrition rehabilitation centres. Environmental management principles will be applied to ensure that interventions are compliant with international norms. The programme will support early warning and early actions by setting up coordination mechanisms for disaster risk reduction (DRR) and emergency responses, particularly for the prevention of cholera and EVD. UNICEF will explore ways of aligning DRR and community resilience approaches with the ecological priorities outlined in SOP-Vision 2025, with an appropriate focus given to climate change.

14. *Education equity and quality*: The programme will ensure that all children in every region have access to inclusive and comprehensive education services. Priority will be given to entry into primary school at the right age, increased primary school retention, completion rates and transition to secondary education, especially for girls in areas with high rates of child marriage. UNICEF will assist the Ministry of Education (MOE) to implement the National Strategic Plan (2016-2025). UNICEF will also work with the MOE to develop a comprehensive regulatory framework for early learning and school readiness, and to strengthen data-col'ection systems in central and regional offices. There will be an increased focus on data collection, advocacy and strategy development for education and protection of out-of-school children. The child-friendly schools plus (CFS+) approach will be piloted and mainstreamed in the education system, with an emphasis on getting local communities and parents involved in schools management.

15. *Child protection*: This component will contribute to strengthening the national child protection system, including laws, policies, regulations, services and capacity across relevant social sectors and informal systems. UNICEF will promote active stakeholder involvement in upstream support for adoption of a National Child Protection Policy and a Child Protection Code harmonized with the Convention on the Rights of the Child and aligned with the National Agenda for Children. Under the UNDAF rule of law agenda, the programme will liaise with development partners to improve justice and security sector systems that protect the rights of children. The programme will seek to end impunity for crimes against children, advocating for alternatives to custodial sentencing while strengthening capacity to improve local-level family services, referral mechanisms and case management. UNICEF will support the national assessment of civil registration and vital statistics (CRVS) and an action plan to address the low birth registration rate (24 per cent) and strengthen routine services nationwide, with innovative engagement of the justice, health and education sectors. Since protection-related risks are exacerbated by negative social norms, harmful practices and discriminatory gender dynamics, evidence generation, sector coordination and collaborative frameworks such as the UNICEF/UNFPA (United Nations Population Fund) Joint Programme will be streamlined to address and accelerate positive social transformation for the abandonment of FGM/C, child and forced marriage and other socially condoned forms of violence against children, including trafficking, sexual and economic exploitation and abuse. Community-level service delivery will be piloted to provide

evidence to further inform policy development. Efforts will be made to capitalize on existing community programmes, including particular attention to children with disabilities and orphans, and ensuring that adolescent girls have access to resources to protect themselves from violence, exploitation and abuse.

16. *Advocacy, communication and partnerships*: To drive change for children, UNICEF will foster open dialogue on child rights among decision makers, partners, children, adolescents and communities. Communication and public advocacy will be strengthened to support programme results achievement, in close relationship with the United Nations Communications Group. Building on the innovative advocacy efforts of the RdMH movement UNICEF will foster child, youth and citizen engagement to advocate and influence the highest levels of the State towards child-friendly policies and budgeting in line with the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals. UNICEF will continue to capitalize on and widen the alliance for child rights through strategic partnerships for behaviour and social change, fostering innovations such as youth multifunctional centres that promote child and youth participation through combined local radio, Internet/social media platforms and social-cultural child rights promotion initiatives. In a country where harmful social norms, behaviours and practices hinder the achievement of results in all programme areas, UNICEF will enhance C4D approaches in each programme area to address such bottlenecks and barriers and to promote and accelerate the much-needed social transformation for full and equitable realization of children's rights. UNICEF will capitalize on established community-based networks and partnerships to leverage improved knowledge among individuals and communities, particularly women and girls, to promote essential family practices that strengthen resilience, life skills and the capacity of families and communities for better survival, development and protection of children.

17. *Planning, monitoring, evaluation and social policy*: Under SOP-Vision 2025 and the UNDAF, UNICEF will work to further address inequities, improve accountability and empower the most disadvantaged families to demand and access essential services. This will include strengthening the legislative, policy, strategic planning and evaluation framework for child rights, and the evidence base for inclusive pro-child policies and budgeting to reflect equity principles and promote child rights. UNICEF will use data and evidence to assist the country to develop and adopt a National Child Protection Policy and a Child Protection Code harmonized with the Convention on the Rights of the Child and relevant human rights standards. UNICEF will catalyse and join the efforts of other United Nations agencies and partners to better understand the patterns and drivers of child poverty and inequity, in order to develop effective and child-sensitive social protection systems, reduce vulnerability and discrimination and strengthen resilience. The programme will strengthen national statistical capacity for evidence generation and the development of policies that promote equity; decentralized planning and monitoring tools. Together with the United Nations country team support will be provided to planning authorities for development of national monitoring frameworks, including for the Sustainable Development Goals. Monitoring systems will be improved to generate and analyse data on barriers and bottlenecks in order to enhance programming and advocacy for results. Technical assistance to the National Statistics Institute (INE) will continue for updating and optimization of GuineaBissauInfo, and for the

preparation of a new Situation Analysis on children and women in 2018. Evaluations are also planned for the child and maternal mortality reduction scale up plan, CFS, CLTS and the Joint Programme on FGM/C. RapidPro SMS technology will be used to improve effectiveness in programme delivery and scale up and foster the establishment of an innovation lab in partnership with key national academic and research institutes (INE, INASA and INEP (National Institute for Studies and Research).

18. The Government of Guinea-Bissau organized a round-table meeting in March 2015 to mobilize resources for SOP-Vision 2025. This was a major opportunity for the United Nations system, including UNICEF, to coordinate with the Government and leverage additional resources for the rights of children and women and to implement the UNDAF. UNICEF will continue to support the Government to mobilize and coordinate partnerships in the education, nutrition and WASH sectors, in line with the Global Partnership for Education (GPE), the SUN movement and the Sanitation and Water for All (SWA) initiative. Ongoing collaborations will be continued with Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for the introduction of new vaccines and acceleration of HIV and AIDS and malaria interventions and for support to health systems strengthening. Health sector partnerships with European Union (EU) will be expanded and consolidated with the H4+ initiative funded by Swedish International Development Cooperation Agency. Collaboration will be established with the Community of Portuguese Speaking Countries (CPLP) and the Economic Community of West African States (ECOWAS) to strengthen South-South and triangular cooperation in areas such as policy development and innovation in management information systems, including CRVS. Synergies will be also promoted with the African Union, the World Bank (WB), the African Development Bank (AfDB) and the United Nations Peacebuilding Fund to improve basic social services and human rights, and to foster community resilience and social protection. UNICEF will continue to maximise its partnerships with the National Committees while strengthening and exploring new partnerships with multilateral and bilateral donors. Advocacy for child rights will be prioritized with the United Nations Integrated Peacebuilding Office in Guinea-Bissau. Joint programmes with UNFPA on the acceleration of FGM/C abandonment and maternal and neonatal mortality will be enhanced, and with the World Food Programme (WFP), the Food and Agricultural Organization of the United Nations (FAO) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) on nutrition and gender-focused programmes. UNICEF will also work with the World Health Organization (WHO) and UNDP on DRR and social policy. Partnerships will be strengthened with civil society organizations, media, religious and academic institutions and the private sector to build capacity, deliver services and advocate for children's rights.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child and maternal health and nutrition	2 170	23 500	25 670
Children and AIDS	1 500	3 500	5 000
Water, sanitation and hygiene	900	11 440	12 340
Education equity and quality	800	15 000	15 800
Child protection	1 500	4 450	5 950
Advocacy, communication and partnerships	1 242	1 610	2 852
Planning, monitoring, evaluation and social policy	2 081	2 000	4 081
Cross-sectoral	2 662	2 500	5 162
Total	**12 855**	**64 000**	**76 855**

Programme and risk management

19. The Ministry of Economy and Finance (MEF) is the national coordinating body for the programme of cooperation. UNICEF will continue to support sectoral coordination mechanisms in education, WASH, nutrition, health, HIV and AIDS and child protection in collaboration with the Government and key partners, namely, AfDB, CPLP, ECOWAS, EU and WB, as well as bilateral partners, to assess results and identify best practices for scale up and mobilization of additional resources in line with global commitments.

20. UNICEF will work with parliamentarians to strengthen the legislative and social policy environment as an innovative and strategic transformation to enhance child rights, peacebuilding and social protection. A wider alliance for child rights will be consolidated in line with the RDMH movement, with children and adolescents as the main catalysts for peacebuilding and reconciliation. In response to the possibility of natural disasters, the main focus will be to enhance preparedness planning mechanisms, including business continuity plans, and to advocate for institutional and health system strengthening to ensure that the country is ready to respond to any major epidemics.

21. The country office will strengthen collaboration within the United Nations system in line with Delivering as One guidelines. Within the UNDAF agreed standard operating procedures, the focus will be reducing common costs and improving effectiveness in programme delivery through innovative joint annual workplans and programmes, including joint evaluations. The harmonized approach to cash transfers will be prioritized as a common framework to enhance programme effectiveness and efficiency and reduce transaction costs.

22. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level.

Monitoring and evaluation

23. The UNDAF workplan and review processes will be developed in close collaboration with other United Nations agencies and the Government. In addition to annual reviews of the UNDAF workplan, the United Nations agencies will conduct a mid-term review in 2018. UNICEF will work closely with MEF, INE and sectoral ministries to consolidate GuineBissauInfo, which has been designated as the main management information system to monitor and assess implementation of SOP-Vision 2025, UNDAF and progress towards the Sustainable Development Goals. UNDAF coordinating mechanisms, including working groups, will be established for each outcome area.

24. In partnership with national institutions, UNICEF will support decentralized government monitoring plans and applied research to improve programming for equity, address bottlenecks and achieve results. This process will be complemented by evaluations that will inform decision-making on policies in the areas of community health impact on child and maternal mortality, the Joint Programme on FGM/C, child protection, CFS, CLTS and DRR. The MICS and SMART (Standardized Monitoring and Assessment of Relief and Transitions) surveys will be also implemented.

25. UNICEF will work in all the country's regions to build capacity of the local structures of line ministries and monitor how and whether interventions are addressing the key supply and demand side bottlenecks. Data and evidence will stimulate strategic and operational decisions on programmes, policies and resource allocations required to strengthen results for children. The Integrated Monitoring and Evaluation Plan will ensure that research, evaluation and surveys are strategically selected.

Annex

Results and resources framework

Guinea-Bissau-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child: Articles 1-4, 6-7,12,17,19-20, 24, 28-29
National priorities: SOP-Vision 2025; Nutrition Strategic Plan 2015-2019; Health Plan 2010-2018; Strategic Plan to Reduce Child and Maternal Mortality 2012-2015; WASH Plan 2010-2020; HIV/AIDS Strategic Plan 2015-2020; Birth Registration Plan 2010-2013; Strategy for FGM/C Abandonment, 2010-2015; Education Sector Plan, 2010-2013; Justice Sector Reform Programme 2015-2019.

UNDAF outcomes involving UNICEF:

- All citizens, especially the most marginalized and vulnerable, have equitable and sustainable access to and use of quality and appropriate health, nutrition, HIV/AIDS, WASH, education and protection services.
- The governance institutions and the security system ensure the strengthening of the rule of law, the protection of human rights, the participation and equitable access of populations to quality public services.
- Public institutions, civil society organizations and the private sector ensure promotion of sustainable management of environment and natural resources, prevention and management of disaster and risk.

Outcome indicators measuring change that includes UNICEF contribution: Children under one fully immunized; Percentage of children under five (U5) sleeping under LLINs; Percentage of U5 children with diarrhoea treated with oral rehydration salts and zinc; Percentage of U5 children with pneumonia treated with antibiotics; Rate of deliveries attended by skilled health worker; U5 children stunting rate; Percentage of U5 children with global acute malnutrition; Percentage of pregnant women with access to antiretrovirals (ARVs); Percentage of HIV+ children on ART; Percentage of youth (15-24) with comprehensive knowledge on HIV/AIDS prevention; Percentage of population practising open defecation; Percentage of population using safe drinking water; Net enrolment rate; Adult literacy rate; Percentage of U5 children registered; FGM/C prevalence (15-49); Framework for social protection implemented; Consolidated GuineaBissauInfo on Sustainable Development Goal targets; Number of laws harmonized with the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of Persons with Disabilities; Percentage of national budget allocated to education and health.

Related UNICEF Strategic Plan outcome(s): Health, nutrition, HIV/AIDS, WASH, education, child protection and social inclusion

UNICEF outcomes (2020)	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs (2020)	Major partners, partnership frameworks	Indicative resources by country programme outcome *(in thousands of United States dollars)*		
					RR	***OR***	***Total***
Child and maternal health and nutrition: *Improved and equitable access to and use of health and nutrition interventions to increase survival of mothers and newborns during pregnancy, delivery and neonatal period, among boys and girls aged 0 to 59 months, including in emergencies.*	*Percentage of U5 children treated for malaria and diarrhoea* ***Baseline**: malaria 28%, diarrhoea 55%* ***Target**: 80% (malaria and diarrhoea)* *Percentage of fully vaccinated infants* ***Baseline**:40%* ***Target**:80%* *Percentage of births attended by skilled health worker* ***Baseline**:45%* ***Target**:60%* *Percentage of children U5 stunted* ***Baseline:** 27.5%* ***Target:** 23%* *Percentage of children U5 with global acute malnutrition* ***Baseline:** 6%* ***Target:** 5%* *Percentage of children exclusively breastfed* ***Baseline:** 53%* ***Target:** 70%*	*MICS, SMART*	***Output 1**: A comprehensive integrated package of health services including communities scaled up in all health regions with priority for the most disadvantaged populations, including in emergencies;* ***Output 3**: Increased access and use of package of interventions to reduce acute and chronic malnutrition and micronutrient deficiencies in pregnant and lactating women and U5 boys and girls in most affected areas, including in emergencies;*	*MOH, INASA, United Nations agencies, Gavi, the Vaccine Alliance, EU, GFATM, non-governmental organizations (NGOs)*	2 170	23 500	25 670

Children and AIDS: *Increased access of children, adolescents and women to quality services to reduce risk of HIV transmission and improve health and development outcomes for people living with HIV.*	*Percentage of HIV-exposed newborns who are HIV free* **Baseline:** *N/A* **Target**: *95%* *Percentage of HIV+ children retained in ARV treatment* **Baseline**: *4.5%* **Target**: *50%* *Percentage of adolescent girls who test positive for HIV* **Baseline**: *3.6%* **Target**: *< 3%* *Percentage of HIV+ pregnant women who receive ARVs* **Baseline**: *56%* **Target**: *80%*	*National statistics* *Sentinel surveillance*	***Output 1***: *The National AIDS Programme has the capacity to conduct programme planning, monitoring and evaluation to fast track HIV and AIDS results* ***Output 2***: *All health facilities have the capacity to deliver quality HIV and AIDS services for pregnant women, children and adolescents throughout the continuum of prevention, treatment and care.* ***Output 3***: *Adolescent girls and boys have access to knowledge, skills and commodities to protect themselves from HIV, including easy access to HIV counselling and testing.*	*National AIDS Service/MOH United Nations agencies, GFATM, NGOs*	1 500	3 500	5 000
Water, sanitation and hygiene: *Improved and equitable use of safe drinking water, improved sanitation and good hygiene practices in the most vulnerable communities, schools, health centres and nutritional rehabilitation centres,*	*Percentage of households accessing safe drinking water* **Baseline:** *75%* **Target**: *80%* *Percentage of the population practising open defecation* **Baseline**: *18%* **Target**: *10%* *Percentage of households adopting hand-washing with soap* **Baseline:** *11%* **Target**: *20%*	*MICS*	***Output 1***: *Improved facilities, services and capacities provided for children and families leading to sustained and equitable use of safe drinking water, adoption of adequate sanitation and good hygiene practices focusing on areas with lowest coverage.* ***Output 2***: *Increased national capacity and strengthened political commitment and accountability to implement*	*Ministry of Natural Resources, MOE, MOH; INASA, NGOs United Nations agencies; AfDB; EU, WB*	900	11 440	12 340

including in emergencies.			*national WASH policies.*					
Education equity and quality: *Increased rate of completion of a full cycle of quality primary education among children of primary school age.*	*Primary completion rate* **Baseline:** *75.7% (72.4 % boys; 79.8% girls)* **Target:** *95% for both* *Primary Net attendance rate* **Baseline:** *62.4% (62.4% boys; 62.3% girls)* **Target:** *90% for both*	*MICS*	***Output 1**: A regulatory framework that increases access to quality early learning and establishes standards of quality interventions in primary schools, according to the CFS framework, in place and interventions implemented.* ***Output 2**: A strategic framework for out-of-school children, based on equity and inclusion, developed, adopted and key interventions implemented.*	*MOE, United Nations agencies, GPE, NGOs*	800	15 000	15 800	
Child protection: *Child protection legal and policy framework enhanced and equitable prevention and response to violence, abuse, exploitation and neglect of children improved at central and decentralized levels*	*Percentage of women married by age 18* **Baseline**: *37%* **Target**: *25%* *Percentage of FGM/C (15-49)* **Baseline**: *45%* **Target**: *35%* *Birth registration rate of U5 children* **Baseline:** *24%* **Target:** *38%*	*MICS*	***Output 1**: National child protection policy in place and legislative framework to protect children from violence, abuse and neglect strengthened through the adoption of a national child protection code.* ***Output 2**: Capacity of child protection actors to prevent and respond to cases of violence against children strengthened at national and decentralized level and access of children and families to child protection*	*Social sector ministries, National Assembly, NGOs, religious, child and youth groups, United Nations agencies, EU, ECOWAS, CPLP*	1 500	4 450	5 950	

			services, increased.				
Advocacy, communication and partnerships: *Improved advocacy and strengthened support for children, youth, and communities to promote child rights, knowledge, behaviour and social change, community participation for adoption of essential family practices and use of available services, including in emergencies*	*Number of human rights international conventions, and reports ratified and approved* ***Baseline**: NA* ***Target**: Reports from the Committee on the Rights of the Child and the Committee on the Elimination of Discrimination against Women* *Existence of wide alliance of child rights partners* ***Baseline**: No* ***Target**: Yes* *Percentage of households that adopted essential family practices* ***Baseline**: NA* ***Target**: 50%*	*Reports of the Committee on the Rights of the Child*	***Output 1**: Capacity of Government, partners and communities, as duty-bearers, to protect and promote the rights of children and gender equality enhanced/increased* ***Output 2**: Essential family practices, education, parental skills and social norms promoted at community and household levels in all regions*	*Social sector ministries NGOs; National Child Parliament, National Assembly; Media; United Nations agencies; EU, African Union; private sector*	1 242	1 610	2 852
Social policy, planning, monitoring and evaluation *Improved policy environment and social protection systems for better realization of*	Number of policies and laws approved **Baseline**: N/A **Target**: 5 (Early childhood care and development, health, WASH, International Code of Marketing of Breast-milk Substitutes, Child Protection Code) Percentage of	*National Assembly reports* *Budget reports* *Annual reports*	***Output 1:** National and decentralized planning, monitoring, evaluation and child-friendly budgeting, policies and legislative framework implemented and consolidated.* ***Output 2**: Capacity of Government to test and scale up more inclusive*	*MEF; INE; INASA, INEP; United Nations; WB, EU, AfDB; NGOs; academic institutions*	2 081	2 000	4 081

child rights	national budget allocated to education, health and WASH ***Baseline***: 18% ***Target***: 35% Availability of a National Policy and Plan of Action for Children; ***Baseline***: No ***Target***: Yes		*social protection and resilience systems enhanced nationwide.*				
Cross-sectoral support					2 662	2 500	5 162
Total resources					**12 855**	**64 000**	**76 855**